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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/513,654 02/25/2000 ABN *OK SRP*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None SRP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
11/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>SRP</i> Examiner's Signature _____ Initials _____				

**ADDRESS**  
22804

## TITLE

Database sizing and diagnostic utility

<b>FILING FEE RECEIVED</b> 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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